



PATIENT	PRESENTING CLINICAL SIGNS
Karina Klappenbach	Not eating and drinking last 3 days, hx of Colitis Abnormal PE/Chem/CBC/UA Results:
SPECIES	Current Medications Metronidazole 250mg, Cerenia 16mg, Imodium 2mg, Incurin, Glandex
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Chihuahua Mix	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
SEX	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild left kidney pyelectasia was present. Several right kidney cortical cysts were present. The left kidney measured 3.8 cm in length. The right kidney measured 4.6 cm in length.
FS	The area of the aortic trifurcation was free of pathology.
AGE	Adrenal Glands
16yr	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.5 cm length and 0.56 cm width in the caudal pole. The right adrenal gland measured 1.6 cm length and 0.55 cm width in the caudal pole.
WEIGHT	Spleen
13.8lb	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.
INTERPRETED BY	Liver
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. Intermittent discrete intraparenchymal nodules were present likely consistent with lipogranuloma or area of nodular hyperplasia. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.
IMAGING PERFORMED BY	
Sara Hansen	
HOSPITAL NAME	
Countryside Animal Clinic	
REFERRING VET	
Dr. Cox	
INVOICE	
11956ag	
DATE	
10/20/2022	



PATIENT

Gastrointestinal

Karina Klappenbach

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

BREED

Chihuahua Mix

Normal visible colon wall layers were present with apparent formed feces in lumen.

SEX

FS

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

AGE

16yr

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

13.8lb

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic kidney changes with minor left kidney pyelectasia and right kidney cortical cysts
- Subjective mild vacuolar hepatopathy pattern with intermittent subjective benign nodules
- Mild gallbladder debris (non-mucocele)
- Mild heterogeneous pancreas-suspect age related and incidental, potential for low-grade pancreatitis possible
- Unremarkable GI tract/colon

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

IMAGING PERFORMED BY

Sara Hansen

Pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec cPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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A full CBC/Chem panel/UA is recommended if not done. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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Dr. Cox

Overall, a definitive cause of the patient's clinical signs was not obvious with largely benign or geriatric abdominal changes present. Hospitalization with 24-48-hour IVF and GI support may prove beneficial

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SPECIES

Canine

BREED

Chihuahua Mix

SEX

FS

AGE

16yr

WEIGHT

13.8lb

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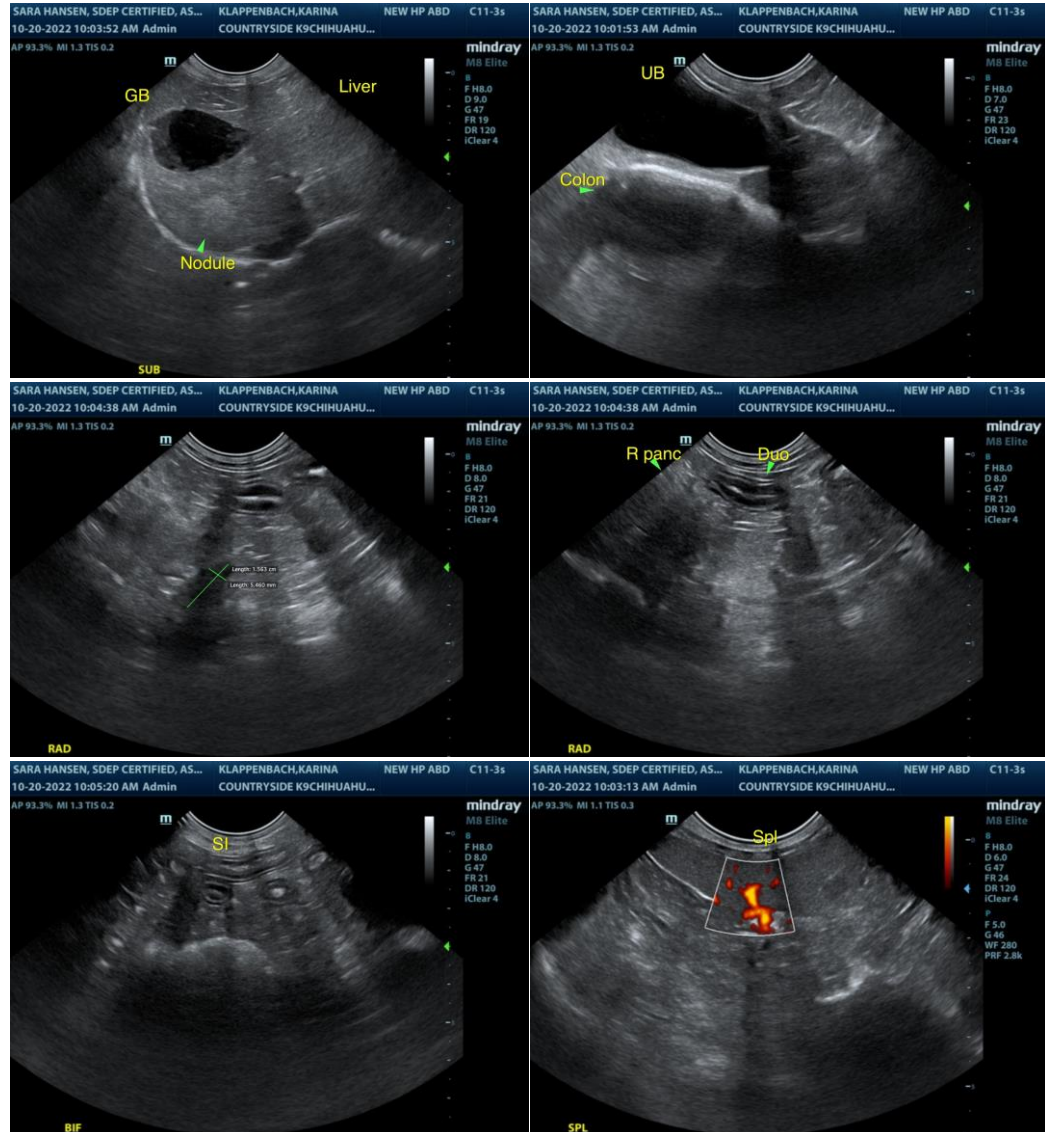
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PATIENT

Karina Klappenbach

SPECIES

Canine

BREED

Chihuahua Mix

SEX

FS

AGE

16yr

WEIGHT

13.8lb

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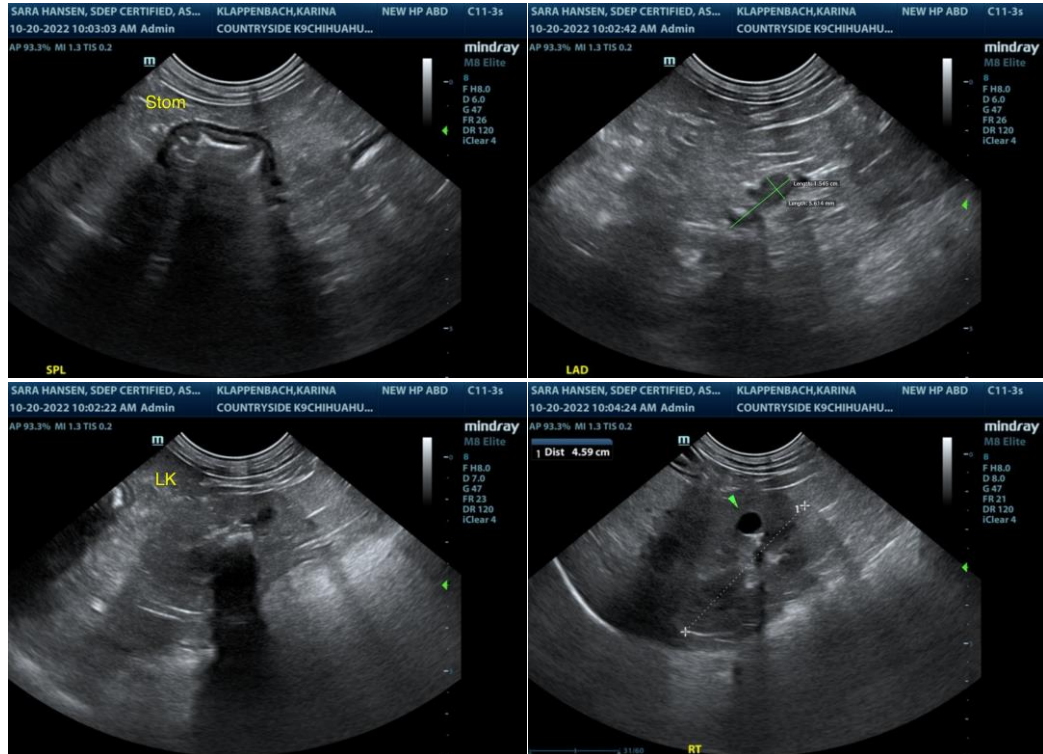
Dr. Cox

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com